

Arizona Commission on the Arts

Residency Roster Signature Page

Type or print all information in the spaces provided. Must be postmarked or delivered to the ACA offices no later than 5PM, Thursday, **September 20, 2007**

A. Contact Information

☐ I am a **returning** *Residency Roster Artist* in the category (ies) listed below

Company Name _____

Individual Artist or Contact Person _____

B. Update the following information on my web page: Due to the revamp of the online Roster, you will not be able to access your page online. Please contact us with any updates beyond contact information at 602-771-6540.

Day Phone: _____ Evening Phone: _____ Fax: _____

Email: _____ Website: _____

Address: _____ City: _____ State AZ Zip code: _____

C. Discipline are for which you are returning for: *Select all that apply*

- | | | |
|------------------------------------------------|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Creative Writing | <input type="checkbox"/> Dance Performance | <input type="checkbox"/> Dance Choreography |
| <input type="checkbox"/> Theatre Performance | <input type="checkbox"/> Theatre Directing | <input type="checkbox"/> Theatre Playwriting |
| <input type="checkbox"/> Music Performance | <input type="checkbox"/> Music Composition | <input type="checkbox"/> Interdisciplinary Arts |
| <input type="checkbox"/> Folk Arts: Performing | <input type="checkbox"/> Folk Arts: Visual | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Visual Arts Curating | <input type="checkbox"/> Architecture | <input type="checkbox"/> Design |
| <input type="checkbox"/> Media Arts | <input type="checkbox"/> Folklorists | |

D. Returning Roster Artists Only: Checklist of required actions to remain on *Roster*

- ☐ Completed self-assessment form and enclosed the summary sheet in this mailing.

☐ Included documentation of professional development completed Sept. 06-Sept.07

☐ Completed and signed signature Page

Deadline for Submission

Must be postmarked or delivered to the ACA offices no later than 5PM, Thursday, **September 20, 2007**

I certify that at the time I submit this application I am at least 18 years of age and a resident of Arizona. I certify that all statements made in this application are true to the best of my knowledge and in accordance with the eligibility criteria for this program. I understand that artists juried onto the Arizona Arts Roster are provided professional development and technical assistance, and if problems arise regarding Residency Roster artist actions in Arts Commission programs, an assistance and review process is in place. By submitting this application, I am agreeing to abide by the Arts Commission's policies.

Artist signature

Date

Mail to: Arizona Commission on the Arts, 417 West Roosevelt Street, Phoenix, Arizona 85003-1326